


INSPECTION REPORT

USEF². Number: LD 006278360

IEPA Number: 190400006

Facility Name: Heilly Inc and Chemical Corp.



393297

Street: 194 1/2 Edwardsville Rd. P.O. Box 370

City: Granite City Telephone: 618-452-5141

County: Madison State: IL Zip Code: 62040

Type of Facility: Notified As: G/TSO Regulated As: G/SD
LDF? yes X no HPV? yes no X 90 Day Follow-up Required? yes no X

Region: 6 Date of Inspection: 3-31-88 From: 10:05am to 11:30am

Type of Inspection

ISS: ☒ Sampling: ☐ Citizen Complaint: ☐ Closed: ☐ Withdrawal: ☐

Non Regulated Status

Small Quant. Gen:: Claimed Nonhandler: Other(Specify in narrative):

Notified As/Regulated As Matrix Number: 39 Key Letter: E

Notification date, 7-10-84, from initial or subsequent X notification.

Part A date, 11-28-84, from initial or amended X Part A: Submitted as a
part of Part B
application

Part E permit application submitted? yes X no

Has the firm been referred to: USEPA? yes X no ; IAG? yes no ; County
States Attorney? yes no . Date of referral to USEPA: 4-24-86,
IAG: , County States Attorney: .

Federal Court Order Issued: _____ State Court Order Issued: _____

USEPA Compliance Order Issued: 8-18-86 Illinois PCB Order Issued: _____

CAFO 12-11-86 Closed 12-24-86

TSD Facility Activity Summary

Activity (by Process Code)	On Pt A	Activity Conducted Prior to 1980	Was Activity Ever Done	Closed	Being Done at Time of Inspection	Exempt From Regulation per 35 IAC, Section:	On Annual Report For 85 86 8 7.		
SO1	yes	yes		No	NO	NO	yes	yes	yes
SO3	yes	yes		No	yes	NO	yes	yes	yes
SO2+TO1	yes	yes		No	yes Exempt	yes 25.10(d)10	N/A	N/A	N/A
TC2	yes	yes		No	*NO	NO			
				waste in lagoon is no longer being treated it is going through closure					
				* excavation has taken place in the lagoon it is no longer used for treatment and since clean closure cannot be achieved, the process code should be changed to reflect disposal			RECEIVED APR 01		

For: Reilly Tar and Chemical Corp. Telephone #: (317) 635-7531

Address: 151 N. Delaware St. Suite 150

City: Indianapolis State: IN Zip Code: 46204

Owner: Same as Operator Telephone #: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Person Interviewed: Larry Pirtle Title: Plant Manager Telephone #: (68)-452-3141

Inspection Participants: Mike Grant Agency/Title: IEPA/EPs Telephone #: (68)-345-4606
Wendy Schaufelberger Agency/Title: IEPA/LSCT Telephone #: (68)-345-4606

Prepared By: Wendy Schaufelberger Agency/Title: IEPA/LSCT Telephone #: (68)-345-4606

Summary of Apparent Violations

Area	Class	Section
OTM	I	703.152

Area	Class	Section

Area	Class	Section

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IEPA/LSCT

WASTE DISPOSITION FORM

Facility Name: Reilly Tar and Chemical Corp. USEPA #: IND006278360 IEPA #: 1190400000

Waste Name (Include haz & non-haz special & waste for which no determination has been made)	Generating Process (For waste gen. on site. N/A for TSD)	Date of Last Analysis	USEPA Haz Waste #	On 8700 -12 *	On 3510 -3 *	On Rpt 85 *	Annual For 86 *	Annual For 87 *	Amount On Site	Rate of Generation	Last Manifested Shipment	Disposition
Waste water treatment sludge	Excavation of surface impoundment which was used for treatment of creosote production wastewaters	N/A	K035	y	y	N/A	N/A	y	* 0	** 0	12-10-87	PDC
Wastewater treatment sludge	Treatment of creosote production wastewaters	N/A	K035	y	y	y	N/A	N/A	0	4000 gal/mo	N/A	Reclaimed in stills & site
Creosote Contaminated Material	Cleaning of RR tank cars and spills in process area	N/A	U051	y	y	y	y	y	171 y ³ as of 3-29-88	Fluctuates	10-7-87	PDC
Pitch and Construction Debris	Product Clean-up and construction & demo debris	N/A	Non-hazardous	N/A	N/A	N/A	N/A	N/A	0	Fluctuates	5-9-87	PDC
	*All waste from this source was shipped off between Aug & Dec of 1987 for disposal. None remains on site the unit is going through closure											
	** As of December 1987 no more of this waste is on site (with the exception of contamination which remains in the lagoons) or will be produced as the unit it came from is going through closure											

* All "no" responses must be explained in the narrative

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			PART 722 GENERATOR STANDARDS Subpart A: General Section 722.111: Hazardous Waste Determination Has the generator determined if the solid waste it generates is a hazardous waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Did the generator follow the procedures specified in this section in making its determination? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>			<div style="text-align: right;"> RECEIVED APR 07 1988 FEDERAL </div> Waste is listed.
OTH	1			Section 722.112: USEPA Identification Number a Has the generator obtained a USEPA identification number? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c Has the generator offered his hazardous waste only to transporters or to treatment, storage or disposal facilities that have received a USEPA identification number? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>			

GEN-A-1

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
MAN	2			PART 722 GENERATOR STANDARDS Subpart B: The Manifest Section 722.120: General Requirements	X			
			a	Has the generator who transports, or who offers its hazardous waste for transportation off-site for treatment, storage or disposal prepared a uniform hazardous waste manifest? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b	Did the generator designate on the manifest one facility which is permitted to handle the hazardous waste therein described? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			d	In any instances where the transporter was unable to deliver the hazardous waste to the designated or alternate permitted facility, has the generator designated another permitted facility or instructed the transporter to return the waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

Note: If the generator has not used a manifest, check "No" in the Apparent Compliance Column and skip to 722.130.

Note: The generator may also designate an alternate facility permitted to handle the hazardous waste in the event an emergency prevents delivery of the hazardous waste to the primary designated facility.

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GEN-B-1

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Ltr		Sub Sec	Yes		
MAN	2			<p>Section 722.121: Acquisition of Manifests</p> <p>a Did the generator use the manifest supplied by the Agency for hazardous waste going for treatment, storage or disposal in Illinois? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>b For hazardous waste going outside Illinois for treatment, storage or disposal, has the generator used the manifest supplied by the Agency if the State to which the hazardous waste is being shipped does not supply and require the completion of its own State manifest?</p> <p style="text-align: center;">or</p> <p>For hazardous waste going outside Illinois for treatment, storage or disposal, has the generator used the manifest required by the State to which the hazardous waste is being shipped? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<input checked="" type="checkbox"/>			<p style="text-align: right;">RECEIVED APR 10, 1987 EPA-DIC</p> <p>Some Sludges Shipped to Allied Corp. Fairfield Plant 1327 Erie St. Birmingham, AL for incineration</p>
MAN	2			<p>Section 722.122: Number of Copies</p> <p>Does the manifest the generator is using consist of at least six copies (plus one copy for each additional transporter)?</p>	<input checked="" type="checkbox"/>			
MAN	2			<p>Section 722.123: Use of the Manifest</p> <p>For each manifest received, has the generator:</p> <p>1) Signed the certificate by hand? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>2) Obtained the handwritten signature and the date of acceptance by the initial transporter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<input checked="" type="checkbox"/>			

GEN-B-2

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>3) Retained one copy as required by Section 722.140(a), Recordkeeping? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>4) Apparently sent a copy (Part 5 for Illinois manifests) to the Agency within two working days? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: Obtain a copy of any manifest which is not in compliance with the requirements of this subsection. If copies are unobtainable, log manifest #s.</p> <p>b Has the generator apparently given the remaining copies of the manifest to the transporter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>c Has the generator followed the procedures prescribed in Section 722.123(c) for manifesting bulk shipments of hazardous waste by water? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>d Has the generator followed the procedures prescribed in Section 722.123(d) for manifesting bulk shipments of hazardous waste by rail? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>				

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Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1	X		PART 722 GENERATOR STANDARDS Subpart C: Pre-Transport Requirements				No waste ready for transportation off-site.
				Section 722.130: Packaging Is waste which is ready for transportation off-site packaged in accordance with 49 CFR, Parts 173, 178 and 179?			X	
OTH	1	X		Section 722.131: Labeling Is each package of hazardous waste which is ready for transportation off-site labeled in accordance with 49 CFR Part 172?			X	
				Section 722.132: Marking			X	
OTH	1	X	a	Is each package of hazardous waste which is ready for transportation off-site marked in accordance with 49 CFR Part 172? Yes ____ No ____				
			b	Is each package of hazardous waste which is ready for transportation off-site marked with: - The generator's name and address? Yes ____ No ____ - The manifest document number associated with the container? Yes ____ No ____ - The words "Hazardous Waste - Federal Law Prohibits Improper Disposal. If found contact the nearest police, or public safety authority or the U.S. Environmental Protection Agency"? Yes ____ No ____				

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EPA/600/R-91/001

GEN-C-1

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec	Yes		No			
OTH	1				Section 722.133: Placarding Does the generator have, for the waste it generates, the proper placards to: <ul style="list-style-type: none"> - Placard the transport vehicle, or - Offer to the first transporter, according to 49 CFR, Part 172, Subpart F? NOTE: If the placards are provided by the transporter, then mark the N/A Column and use Comment field to explain.			X	PDC provides placards
OTH	1	X			Section 722.134: Accumulation Time NOTE: A generator who is also a TSD would be subject to this section for any waste which is not identified for storage on the facility's Part A, or which is being accumulated outside a "permitted" storage area. a For waste in containers, has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subpart I: Use and Management of Containers listed below: NOTE: If no wastes in containers, mark "N/A" and skip to Section 725.291 of the Generator checklist. Condition of Containers (Section 725.271) Has the owner or operator transferred the hazardous waste in leaking container or containers which are not in good condition or managing the waste in some other way that complies with the requirements of this Part? Yes _____ No _____ N/A <u>X</u>			X	Facility is regulated as a Storage facility. See specific subparts of 725. Storage of wastes over 90 days is covered by the facility's Part A appl.

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Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			<p>PART 722 GENERATOR STANDARDS Subpart D: Recordkeeping and Reporting</p> <p>Section 722.140: Recordkeeping</p> <p>Has the generator retained for a period of three years:</p> <p>a - A copy of each signed manifest? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>b - A copy of each annual report? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>b - A copy of each exception report? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>c - Copies of test results, waste analyses or other determinations made in accordance with Section 722.111? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>d Does a generator who is involved in any unresolved enforcement action continue to maintain the records required in 722.140(a) thru (c)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>d If the Director has requested that the records required in 722.140(a) thru (c) be maintained for a period longer than three years, has the generator continued to maintain them? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>	<input checked="" type="checkbox"/>			

GEN-D-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			<p>Section 722.141: Annual Reporting</p> <p>Has the generator who ships waste off-site to a treatment, storage or disposal facility within the United States prepared and submitted a copy of an annual report, as supplied by the Agency, to the Agency by March 1 for the preceding calendar year?</p> <p>NOTE: A generator who treats, stores or disposes of hazardous waste on-site must also submit an annual report as a TSD in accordance with the requirements of 35 Ill. Adm. Code 702, 703, 724, 725 and 40 CFR 266.</p>	X			
MAN	1			<p>Section 722.142: Exception Reporting</p> <p>a Has the generator who has not received a signed copy of the manifest from the designated TSD within 35 days of the date the waste was accepted by the initial transporter determined the status of its hazardous waste? Yes ____ No ____</p> <p>b Has the generator who has not received a signed copy of the manifest from the designated TSD within 45 days of the date the waste was accepted by the original transporter submitted an exception report to the Director? Yes ____ No ____</p> <p>b Does any exception report submitted to the Director contain the following:</p> <p>- A legible copy of the manifest for which the generator does not have confirmation of delivery; and</p>			X	

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			<p>- A cover letter signed by the generator or his authorized representative explaining the efforts taken to locate the hazardous waste and the results of those efforts? Yes _____ No _____ N/A _____</p>				
				<p>Section 722.143: Additional Reporting</p> <p>Has the generator submitted all additional reports concerning quantities and disposition of wastes as required by the Director?</p>			X	

GEN-D-3

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Ltr		Sub Sec	Yes		
OTH	1/2			PART 722 GENERATOR STANDARDS Subpart E: Exports of Hazardous Waste Section 722.152: General Requirements Has the facility made any shipments of hazardous waste outside the United States? Yes ____ No <u>X</u> NOTE: If "No", skip Subpart E. If "Yes", answer the next question. Has the generator complied with the requirements in Sections 722.152 through 722.157? Yes ____ No ____ NOTE: If the answer is "No", explain in detail why the firm did not meet the requirements. Review the requirements prior to answering this question. When citing a violation of this Subpart, identify the specific section violated in the Narrative as well as in the Comments.			X	

GEN-E-1

Area	Class	90 Day F/U Req	Key		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.	
			Sub Sec	Req		Yes	No			
MAN	1				PART 722 GENERATOR STANDARDS Subpart F: Imports of Hazardous Waste Section 722.160: Imports of Hazardous Waste					
					b1	Has the person importing hazardous waste met the manifest requirements of Section 722.120 except that: In place of the generator's name, address and USEPA identification number, the name and address of the foreign generator and the importer's name, address and USEPA identification number are used; and				
					b2	Has the importer or his agent signed the manifest in place of the generator; and				
					b2	Has the importer or his agent obtained the signature of the initial transporter? Yes ____ No ____ N/A ____				
					c	Is the person importing hazardous waste using manifests obtained from the Agency? Yes ____ No ____				

GEN-F-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2	X		PART 722 GENERATOR STANDARDS Subpart G: Farmers Section 722.170: Farmers Is a farmer who is disposing of waste pesticides from his own use which are hazardous wastes: - Triple rinsing each emptied pesticide container in accordance with 35 Ill. Adm. Code 727.107(b)(3), Residues of Hazardous Waste in Empty Containers? Yes ____ No ____ N/A ____ - Disposing of pesticide residue on his own farm in a manner consistent with the disposal instructions on the pesticide label? Yes ____ No ____ N/A ____ NOTE: If the answer to either of the preceeding questions is "No", the farmer is subject to the requirements of this Part (722) and to the applicable portions of 35 Ill. Adm. Code 702, 703 and 725 (724). Complete the applicable inspection form(s).				
						X		

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Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			PART 703 RCRA PERMIT PROGRAM Subpart B: Prohibitions Section 703.121: RCRA Permits	<input checked="" type="checkbox"/>		Facility operating under Interim Status	
			a	Is any person(s) conducting any hazardous waste storage, hazardous waste treatment or hazardous waste disposal operation doing so only: 1) With a RCRA permit for the HWM facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				2) In conformance with all conditions imposed by the RCRA permit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			b	Do the owner and operator of hazardous waste management units have permits during the active life of the unit (including the closure period)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b	Do the owners and operators of any hazardous waste unit which closed after January 26, 1982 have a permit during any post-closure period required under 35 Ill. Adm. Code 724.217 Post Closure Care and Use of Property and during any compliance period or any extension of that compliance period specified under 35 Ill. Adm. Code 724.196, Compliance Period? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				

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Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			PART 703 RCRA PERMIT PROGRAM Subpart C: Authorization by Rule and Interim Status Section 703.150: Application by Existing HWM Facilities and Interim Status Qualifications	<input checked="" type="checkbox"/>			
			a	<p>Has the owner or operator of an existing HWM facility or of a HWM facility in existence on the effective date of statutory or regulatory amendments that render the facility subject to the requirement to have a RCRA permit submitted Part A of the permit application to the Agency no later than the following times, whichever comes first:</p> <p>1) Six months after the date of publication of regulations which first require the owner or operator to comply with standards in 35 Ill. Adm. Code 725? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>2) Thirty days after the date the owner or operator first becomes subject to the standards in 35 Ill. Adm. Code 725? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>3) By March 27, 1987 for generators who generate more than 100, but less than 1000 kg of waste in a calendar month and treat, store, or dispose of these wastes on-site? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>				

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Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment
			Sub Sec		Yes	No		
OTH	1			<p>Section 703.151: Application by New HWM Facilities</p> <p>For a new HWM facility, has the facility complied with the requirements of this section? Specifically, has the facility submitted Part A and Part B of the permit application 180 days before physical construction has commenced? Yes ___ No ___ <i>N/A X</i></p> <p>Is the facility only operating with a RCRA permit? Yes ___ No ___ <i>N/A X</i></p> <p>NOTE: This violation should be cited in the CIL only after receiving approval from headquarters.</p>			X	
OTH	1			<p>Section 703.152: Amended Part A Application</p> <p>Has the owner or operator of a HWM facility with interim status filed an amended Part A permit application with the Agency:</p> <p>1) No later than the effective date of revised regulations under 35 Ill. Adm. Code 721, Identification and Listing of Hazardous Waste, listing or identifying additional hazardous waste which the HWM facility is handling? Yes ___ No ___ <i>N/A X</i></p> <p>2) As necessary to comply with the provisions of Section 703.155, Changes During Interim Status? Yes ___ No <i>X</i> <i>N/A</i> ___</p> <p>NOTE: The owner or operator of a facility who fails to comply with the updating requirements of this section does not receive interim status as to the wastes not covered by duly filed Part A applications.</p>		X		<p>The surface impoundment (TOZ) is no longer considered a treatment unit. This change should be shown on the Part A. The unit should be considered a Disposal unit</p>

PER-C-2

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Ltr Sub Sec		Yes	No		
OTH	1			Section 703.154: Prohibitions During Interim Status During interim status, has the facility refrained from: <ul style="list-style-type: none"> a - Treating, storing or disposing of hazardous waste not specified in Part A of the permit application? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> b - Employing processes not specified in Part A of the permit application? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c - Exceeding the design capacities specified in Part A of the permit application? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
OTH	1			Section 703.155: Changes During Interim Status <u>NOTE:</u> Section 703.155(a), (b) and (c) reiterate in more detail the requirement that a HWM facility submit and, in the case of (b) and (c) that the Agency approve, amendments to the Part A permit application prior to the facility conducting the activity or receiving new hazardous waste. A "No" answer to any of the questions under Section 703.154 means the facility is also in apparent non-compliance with this section. <ul style="list-style-type: none"> d Did the owner or operator submit a revised Part A permit application not later than 90 days prior to changes in operational control or ownership of the HWM facility? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> 			<input checked="" type="checkbox"/>	

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
					Yes	No		
OTH	1			PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart A: General Provisions Section 725.101: Purpose, Scope and Applicability Does the facility qualify for any of the exemptions under Section 725.101(c)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NOTE: If "Yes", explain in narrative.	<input checked="" type="checkbox"/>			<i>Facility operates a wastewater pre-treatment system. Tanks are exempt pursuant to 725.101(c)(10)</i>
				d Has the firm managed hazardous waste with the following hazardous waste numbers: F020, F021, F022, F023, F026 or F027 in compliance with the requirements of 725.101(d)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

TSD-A-1

Area	Class	9C Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec			Yes	No		
					PART 725: INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart B: General Facility Standards				
OTH	1				Section 725.111: USEPA Identification Number				
					Has the facility obtained a USEPA identification number?				
OTH	1				Section 725.112: Required Notices				
				a	Has the owner or operator of a facility that has arranged to receive hazardous waste from a foreign source notified the Regional Administrator, in writing, at least four weeks in advance of the date that the waste is expected to arrive at the facility? Yes ____ No ____ N/A <u>X</u>				
				b	Before transferring ownership or operation of a facility during its operating life, or of a disposal facility during the post-closure care period, did the owner or operator notify the new owner or operator, in writing, of the requirements of 35 Ill. Adm. Code 703, 703 and 725? Yes ____ No ____ N/A <u>X</u>				
OTH	1				Section 725.113: General Waste Analysis				
				a1	Has the owner or operator of the facility obtained a detailed chemical analysis of each waste prior to its treatment, storage or disposal? Yes <u>X</u> No ____				Waste is listed, however, it has also been analyzed. Last analysis on file is dated <u>9-24-86</u>

TSD-B-1

Area	Class	90 Day F/U Rec.	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
			a1	Does the analysis contain all the information which must be known to treat, store or dispose of the waste in accordance with this Part? Yes <u>X</u> No <u> </u>				Facility does not receive waste from off-site
			a3	Has the analysis been repeated: A) When the operator is notified or has reason to believe that the process generating the hazardous waste has changed? Yes <u> </u> No <u> </u> N/A <u>X</u> B) By off-site facilities, when the results of the inspection required in Section 725.113(a)(4) indicate that the hazardous waste received at the facility does not match the waste designated on the accompanying manifest or shipping paper? Yes <u> </u> No <u> </u> N/A <u>X</u>				
			a4	Has the owner or operator of an off-site facility apparently inspected each hazardous waste movement received at the facility to determine whether it matches the identity of the waste specified on the accompanying manifest or shipping paper? Yes <u> </u> No <u> </u> N/A <u>X</u>				
			b	Has the owner or operator developed a written analysis plan? Yes <u>X</u> No <u> </u>				
				NOTE: IF "No", skip to 725.114. Is the written waste analysis plan available at the facility? Yes <u>X</u> No <u> </u>				

TSD-B-2

Area	Class	SO Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Set		Yes	No		
				<p>Does the owner or operator follow the procedures in the written plan so as to comply with the requirements in Section 725.113(a)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>b Does the plan specify:</p> <p>1) The parameters for which each hazardous waste will be analyzed and the rationale for the selection of these parameters? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>2) The test methods which will be used to test for those parameters? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>3) The sampling method which will be used to obtain a representative sample of the waste to be analyzed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>4) The frequency with which the initial analysis of the waste will be reviewed or repeated to ensure that the analysis is accurate and up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>5) For off-site facilities, the waste analyses that hazardous waste generators have agreed to supply? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>				

TSD-B-3

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>6) The methods which will be used to meet the additional analysis requirements for specific waste management methods as specified in Sections:</p> <ul style="list-style-type: none"> - 725.293 (Tanks); - 725.325 (Surface Impoundments); - 725.352 (Waste Piles); - 725.373 (Land Treatment); - 725.414 (Incinerators); - 725.475 (Thermal Treatment); - 725.502 (Chem. Phys. Bio. Treat.) <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>NOTE: Circle the specific waste management methods being employed.</p> <p>c For off-site facilities, does the plan:</p> <p>1) Describe the procedures which will be used to determine the identity of each movement of waste managed at the facility? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>2) Describe the sampling methods which will be used to obtain a representative sample of the waste to be identified, if the identification method includes sampling? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Section 725.114: Security</p> <p>Does the facility qualify for the exemption to the requirement to provide security provided in Section 725.114(a)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				<p>APR 07 1987</p> <p>No off-site waste accepted</p>
OTH	1	X				<input checked="" type="checkbox"/>		

TSD-B-4

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Tr		Sub Sec	Yes		
				Does a non-exempt facility have either:				
			b	1) A 24-hour surveillance system which continuously monitors and controls entry into the active portion of the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				OR				
			b	2) An artificial or natural barrier which completely surrounds the active portion of the facility and a means to control entry at all times thru the gate(s) or other entries to the active portion of the facility? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
			c	Does a non-exempt facility have a sign, legible from a distance of at least 25 feet, with the words "Danger -- Unauthorized Personnel Keep Out" at each entrance to the active portion of the facility and at other locations in sufficient numbers to be seen from any approach to the active portion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				NOTE: Existing signs with legends other than the one above may be used if the legend on the sign indicates only authorized personnel are allowed to enter the active portion and that entry onto the active portion can be dangerous.				
								<p>A portion of the fence is down due to remedial action and clean-up being performed as a result of the spill on 7-28-8</p> <p>However, the building housing the waste pile (503) and drum storage (501) is locked. Per Mr. Pirtle the fence will be replaced when weather permits</p>

TSD-B-5

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			Section 725.115: General Inspection Requirements	<input checked="" type="checkbox"/>			
			a	Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors and discharges which are causing or may lead to:				
				1) Release of hazardous waste or hazardous waste constituents to the environment; or a threat to human health? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			a	Does the owner or operator conduct these inspections often enough to identify problems in time to correct them before they harm human health or the environment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b1	Has the owner or operator developed a written schedule for inspecting all monitoring equipment, safety and emergency equipment, security devices and operating and structural equipment important to preventing, detecting or responding to environmental or human health hazards? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b2	Is the written schedule at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b3	Does the schedule identify the types of problems which are to be looked for during the inspection? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b4	Does the schedule specify at least the following minimum inspection frequency:				
				- Daily inspections of areas subject to spills? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

TSD-B-6

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>- The items and frequencies, where applicable, called for in Sections:</p> <ul style="list-style-type: none"> - <u>725.274</u> (Containers); - 725.294 (Tanks); - <u>725.326</u> (Surface Impoundments); - 725.447 (Incinerators); - 725.477 (Thermal Treatment); - 725.503 (Chem. Phys. Bio. Treat.) <p>Yes <u>X</u> No _____ N/A _____</p> <p>NOTE: Circle the applicable section.</p> <p>c Has the owner or operator remedied any deterioration or malfunction of equipment or structures which the inspections reveal on a schedule which ensures that the problem does not lead to an environmental or human health hazard? Yes _____ No _____ N/A <u>X</u></p> <p>c Where a hazard is imminent or has already occurred, has the owner or operator taken immediate action to resolve the problem? Yes _____ No _____ N/A <u>X</u></p> <p>d Does the owner or operator record the results of inspections in a log or summary? Yes <u>X</u> No _____</p> <p>c Does the inspection record include:</p> <ul style="list-style-type: none"> - The date and time of the inspection? Yes <u>X</u> No _____ - The name of the inspector? Yes <u>X</u> No _____ 				

TSD-B-7

Area	Class	90 Day F/U Req	Key Tr Sub Sec	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
					Yes	No		
OTH	2			<p>- A notation of the observations made? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>- The date and nature of any type of corrective action? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Section 725.116: Personnel Training</p> <p>Does the facility have a training program? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: If "No", skip to Section 725.117, Page TSD-B-10.</p> <p>a1 Have facility personnel who are involved with hazardous waste management successfully completed a program of classroom or on-the-job training that teaches them to perform their duties in a way that ensures the facility's compliance with the requirements of this Part? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Is the training program formalized, i.e., written down? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>a2 Is the program directed by a person who has been trained in hazardous waste management procedures? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>a3 Does the program cover, at a minimum:</p> <p>A) Procedures for using, inspecting, repairing and replacing facility emergency and monitoring equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<input checked="" type="checkbox"/>			

TSD-B-8

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Spec		Yes	No		
				<p>B) Key parameters for automatic waste feed cutoff systems? Yes ___ No ___ N/A <u>X</u></p> <p>C) Communications or alarm systems? Yes <u>X</u> No ___ N/A ___</p> <p>D) Response to fire or explosion? Yes <u>X</u> No ___ N/A ___</p> <p>E) Response to ground water contamination incidents? Yes ___ No ___ N/A <u>X</u></p> <p>Does the program cover the implementation of the contingency plan? Yes <u>X</u> No ___</p> <p>b Have new employees completed the program within six months of the date of employment or assignment to a position requiring them to manage hazardous waste? Yes ___ No ___ N/A <u>X</u></p> <p>c Has the facility conducted an annual review of the initial training? Yes <u>X</u> No ___ N/A ___</p> <p>d Are the following documents and records being maintained at the facility:</p> <p>1) The job title for each position related to the management of hazardous waste and the name(s) of the employee(s) filling each job? Yes <u>X</u> No ___</p>				<p>No one hired w/in the last year.</p>

TSD-B-9

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comments
					Yes	No		
OTH	1	X		2) A written job description for each job position above, to include the requisite skill, education or other qualifications and duties of personnel assigned to each position? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				RECEIVED APR 17 1988 88612086
				3) A written description of the type and amount of both initial and continuing training that will be given to each person holding a position dealing with hazardous waste management? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				4) Records to document that the training or job experience have been given to and completed by personnel dealing with hazardous waste management? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			e	Is the facility maintaining training records of former employees who were involved in hazardous waste management for a period of at least three years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
				Section 725.117: General Requirements for Ignitable, Reactive or Incompatible Wastes			<input checked="" type="checkbox"/>	
			a	Are ignitable and reactive wastes protected from and separated from sources of ignition and reaction? Yes <input type="checkbox"/> No <input type="checkbox"/>				
			a	Are smoking and open flames restricted to specially designated areas when ignitable or reactive waste is being handled? Yes <input type="checkbox"/> No <input type="checkbox"/>				

TSD-B-10

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Req		Yes	No		
			a	<p>Are "No Smoking" signs posted whenever there is a hazard from ignitable or reactive waste? Yes ____ No ____</p>				
			b	<p>Is the treatment, storage or disposal of ignitable or reactive waste and the mixture or comingling of incompatible wastes and materials being done so that it does not:</p> <ol style="list-style-type: none"> 1) Generate extreme heat or pressure, fire, or explosion or violent reaction? Yes ____ No ____ 2) Produce uncontrolled toxic mists, fumes, dusts or gases in sufficient quantities to threaten human health? Yes ____ No ____ 3) Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion? Yes ____ No ____ 4) Damage the structural integrity of the device or facility containing the waste? Yes ____ No ____ 5) Through other like means threaten human health or the environment? Yes ____ No ____ 				

TSD-B-11

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>Section 725.118: Location Standards</p> <p>Has the facility placed hazardous waste in a salt dome, salt bed formation, underground mine or cave after July 11, 1986?</p> <p>Yes _____ No _____ N/A <u>X</u></p> <p>NOTE: A "Yes" answer is a violation of the location standard.</p>			X	

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Area	Class	90 Day F/U Req	Key / Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec	Yes		No			
OTH	1	X			PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart C: Preparedness and Prevention Section 725.131: Maintenance and Operation of Facility Is the facility being maintained and operated to minimize the possibility of a fire, explosion or any unplanned and sudden or non-sudden release of hazardous waste or hazardous waste constituents to: - Air; - Soil; or - Surface water, which would threaten human health or the environment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>			
OTH	1	X			Section 725.132: Required Equipment Is the facility equipped with the following, unless none of the hazards posed by waste handled at the facility could require a particular kind of equipment: a - An internal communications or alarm system capable of providing immediate emergency instructions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> b - A device such as a telephone (immediately available at the scene of operations) capable of summoning emergency assistance from local police or fire departments or State or local emergency response teams? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>			

TSD-C-1

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1	X	c	- Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>			<i>Eight Fire hydrants located on site</i> <i>Steam whistle used daily to alert the beginning and end of each shift</i> <i>Monthly fire ext. inspection Checklist completed</i>
			d	- Water at adequate volume and pressure to supply water hose streams or foam producing equipment or automatic sprinklers or water spray systems? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
				NOTE: Any "N/A" answers must be explained in the Remarks column. Section 725.133: Testing and Maintenance of Equipment Where required, is the facility testing and maintaining, as necessary, to assure proper operation in time of emergency: <ul style="list-style-type: none"> - Communications/alarm systems? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - Fire protection equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - Spill control equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - Decontamination equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> NOTE: Any "N/A" answer must be explained in the Comments.				

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1	X		Section 725.134: Access to Communications or Alarm Systems a Do all personnel involved in handling hazardous waste have immediate access to an internal alarm or emergency communication device, either directly or thru visual or voice contact with another employee, unless not required under Section 725.132? Yes <u>X</u> No <u> </u> N/A <u> </u> b If there is ever just one employee on the premises while the facility is operating, does he have immediate access to a device, such as a telephone, capable of summoning external emergency assistance, unless such a device is not required under Section 725.132? Yes <u> </u> No <u> </u> N/A <u>X</u>	X			There were no drums of hazardous waste on site.
OTH	1	X		Section 725.135: Required Aisle Space Is the owner or operator maintaining sufficient aisle space to allow the unobstructed movement of personnel, fire equipment and decontamination equipment to any area of the facility?			X	
OTH	2			Section 725.137: Arrangements with Local Authorities a Has the owner or operator made or attempted to make the following arrangements as appropriate for the type of waste handled at his facility and the potential need for the services of these organizations:	X			

TSD-C-3

Area	Class	90 Day F/U Req	Key		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comments No.
			Dir	Sub Sec		Yes	No		
					<p>1) Arrangements to familiarize police and fire departments and emergency response teams with the layout of the facility, properties of hazardous wastes handled at the facility and associated hazards, places where personnel would normally be working, entrances to roads inside the facility and possible evacuation routes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>2) Where more than one police or fire department might respond to an emergency, has one been designated as the primary emergency authority with the others agreeing to provide support to the primary emergency authority? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>3) Agreements with State emergency response teams, emergency response contractors and equipment suppliers? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>4) Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions or releases at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>NOTE: Any "N/A" answer must be explained in the Comments.</p> <p>b Has the owner or operator documented, in the operating record, refusal of State or local authorities to enter into any or all of the above arrangements? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>				<p>Granite City FD and PD are the designated emergency author. fires.</p> <p>It is not felt emergency response teams are necessary as required equipment can be provided by Reilly Far & Granite City Fire Dept</p>

TSD-C-4

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart D: Contingency Plan and Emergency Procedures Section 725.151: Purpose and Implementation of Contingency Plan	X			
			a Is a plan available? Yes <u>X</u> No <u> </u> NOTE: If the answer is "No", skip to 725.155. a Is the plan designed to minimize hazards to human health or the environment from fires, explosions or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface waters? Yes <u>X</u> No <u> </u> b Have the provisions of the plan been carried out immediately whenever there was a fire, explosion or release of hazardous waste constituents which could threaten human health or the environment? Yes <u>X</u> No <u> </u> N/A <u> </u>					
OTH	2			Section 725.152: Content of Contingency Plan a Does the plan describe the actions facility personnel must take to comply with Sections 725.151 and 725.156 in response to: 1) Fires? Yes <u>X</u> No <u> </u> 2) Explosions? Yes <u>X</u> No <u> </u>	X			

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>3) Unplanned sudden or non-sudden releases of hazardous waste or hazardous waste constituents to air, soil, or surface water? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>c Does the plan describe the arrangements agreed to by:</p> <p>1) Local police and fire departments? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>2) Hospitals? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>3) Contractors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>4) State and local emergency response teams? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d Does the plan list the names, addresses and phone numbers (office and home) of all personnel qualified to act as emergency coordinators? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d Is the list of emergency coordinators up-to-date? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d If more than one person is designated as an emergency coordinator is a primary coordinator designated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>e Does the plan identify:</p> <p>1) A list and physical description of all emergency equipment at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>				

TSD-D-2

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			2) A brief outline of the capability of each piece of emergency equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>			
				3) The location of each piece of emergency equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			e	Is the list of emergency equipment up-to-date? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			f	Does the plan include an evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			f	Does the plan identify the signal to be used to begin evacuation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			f	Are alternate evacuation routes identified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				Section 725.153: Copies of Contingency Plan				
			a	Has a copy (and all revisions) of the contingency plan:				
				a) Been maintained at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				b) Been submitted to all local police and fire departments, hospitals, and State and local emergency response teams that may be called upon to provide emergency service? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

TSD-D-3

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			725.154: Amendment of Contingency Plan Has the contingency plan been reviewed and, if necessary, amended whenever: a 1) Applicable regulations are revised? Yes ____ No ____ <u>N/A X</u> b 2) The plan fails in an emergency? Yes ____ No ____ <u>N/A X</u> c 3) The facility changes - in its design, construction, operation, maintenance or other circumstances - in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents or changes the response necessary in an emergency? Yes ____ No ____ <u>N/A X</u> d 4) The list of emergency coordinators changes? Yes ____ No ____ <u>N/A X</u> e 5) The list of emergency equipment changes? Yes ____ No ____ <u>N/A X</u>			X	
OTH	2			Section 725.155: Emergency Coordinator Is there an emergency coordinator on-site or on-call at all times? Yes <u>X</u> No ____	X			

TSD-D-4

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1/2			<p>Is there an emergency coordinator familiar with all aspects of the contingency plan, all operations and activities at the facility, the location and characteristics of the wastes handled, the location of all records in the facility and the facility layout?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Does the coordinator have the authority to commit the resources to carry out the contingency plan?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Section 7.25.156: Emergency Procedures</p> <p>Has the facility had a release, fire or explosion?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: If the answer is "Yes", explain in detail the incident and how the facility did or did not follow the procedures described in this section. Review the requirements while completing the explanation. If the company failed to meet one or more of the requirements, check "No" in the Apparent Compliance column.</p>	<input checked="" type="checkbox"/>			<p>A release took place July 28, 1987 consisting of 6500-7000 lbs of creosote. The agency aided in remedial action. See MEMO dated October 6, 1987</p>

TSD-D-5

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
MAN	1			PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart E: Manifest System, Recordkeeping and Reporting			X	
				Section 725.171: Use of Manifest System				
				Does the facility accept waste from off-site? Yes ____ No <u>X</u>				
				NOTE: If the answer is "Yes", complete this section. If the answer is "No", check "N/A" and skip to 725.173.				
				For each manifest reviewed, did the facility:				
			a1	1) Sign and date each copy to certify that the hazardous waste covered by the manifest was received? Yes ____ No ____				
a2	2) Note any significant discrepancies in the manifest or each copy of the manifest? Yes ____ No ____ N/A ____							
a3	3) Immediately give one copy of the completed manifest to the transporter? Yes ____ No ____							
a4	4) Within 30 days after delivery, send one copy of the manifest to the generator and one copy to the Agency? Yes ____ No ____							
a5	5) Retain a copy of the manifest at the facility for a period of three years from the date of delivery of the waste? Yes ____ No ____							

TSD-E-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
MAN	2		b	<p>Has the facility followed the procedures prescribed in 725.171(b) for rail or water (bulk shipments) of hazardous waste? Yes ____ No ____ N/A ____</p> <p>Does the facility initiate shipments of hazardous waste? Yes ____ No ____</p> <p>NOTE: If the answer is "Yes", the facility is also a generator of hazardous waste. Complete the generator checklist.</p> <p>Section 725.172: Manifest Discrepancies</p> <p>NOTE: If there are no manifest discrepancies, mark the "N/A" column.</p>			X	
			b	<p>Has the owner or operator attempted to resolve significant discrepancies in quantity or type (i.e., variations in weight of 10% or more, variations in piece count of one container per truckload, obvious differences which can be discovered by inspection or waste analysis such as waste solvent substituted for waste acid) upon their discovery? Yes ____ No ____</p>				
			d	<p>If the discrepancy is not resolved within 15 days after receiving the waste, has the owner or operator submitted to the Agency a letter describing the discrepancy and the attempts made to reconcile it and a copy of the manifest or shipping paper at issue? Yes ____ No ____</p>				

TSD-E-2

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			Section 725.173: Operating Record	<input checked="" type="checkbox"/>			
			a	Does the owner or operator have a written operating record at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b	Is the information in the operating record being maintained until closure of the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b	Does the operating record contain the following information:				
			1)	A description of and quantity of each hazardous waste received at the TSD facility (whether from on or off-site generation)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
2)	A record of the method(s) and date(s) of its treatment, storage, or disposal as required by Appendix I? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
3)	The location of each hazardous waste within the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
4)	The quantity of each hazardous waste at each location within the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
5)	For disposal facilities, a map recording the location and quantity of hazardous waste in each cell or disposal area? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>							

TSD-E-3

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>6) A cross reference by manifest number to location and quantity of hazardous waste? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>7) Records and results of waste analyses and trial test performed as specified in Sections:</p> <p>- 725.113 (Gen. Waste Analysis)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>- 725.293 (Tanks)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>- 725.325 (Surface Improvements)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- 725.352 (Waste Piles)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>- 725.373 (Land Treatment)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>- 725.441 (Incinerators)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>- 725.475 (Thermal Treatment)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>- 725.502 (Chem., Phys., Bio. Treatment)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>8) Summary reports and details of all incidents that require the implementation of the contingency plan as specified in Section 725.156(j)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>				

TSD-E-4

Area	Class	90 Day F/U Req	Key Lit	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>9) Records and results of inspections as required by Section 725.115(d)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: The above information on inspection records need only be kept for three years. This period would automatically be extended during any unresolved enforcement action.</p> <p>10) Monitoring, testing or analytical data where required by Sections:</p> <ul style="list-style-type: none"> - 725.190 (G.W. Monitoring)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - 725.194 (G.W. Monitoring)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - 725.376 (Land Treatment)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> - 725.378 (Land Treatment)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> - 735.380(d)(1) (Land Treatment)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> - 725.447 (Incinerators)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> - 725.477 (Thermal Treatment)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> <p>NOTE: Data required under 725.194 must be kept throughout the post-closure period.</p>				

TSD-E-5

Area	Class	90 Day F/U Req	Key/ Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			11) All closure cost estimates required by Section 725.242? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>			
				12) All post-closure cost estimates for disposal facilities required for Section 725.244? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
				Section 725.174: Availability, Retention and Disposition of Records				
			a	During the inspection, were all records including plans required under this Part furnished upon request and made available at all reasonable times for inspection as required by this Section? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			c	Upon closure of a waste disposal facility did the owner or operator submit a copy of the record of waste disposal location(s) and quantities to: <ul style="list-style-type: none"> - The Agency? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> - The local land authority? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> 				
			b	Are all required records being maintained and retained during the course of any unresolved enforcement action or as requested by the Director? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				

TSD-E-6

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment
			Std Sec		Yes	No		
OTH	2			Section 725.175: Annual Report Has the owner or operator prepared and submitted a copy of a facility annual report, supplied by the Agency, to the Agency by March 1 of each year for the preceding calendar year?	X			
OTH	1			Section 725.176: Unmanifested Waste Report Does the facility accept hazardous waste from off-site? Yes _____ No <u>X</u> NOTE: If the answer is "Yes", complete this section. If the answer is "No", check "N/A" and skip to 725.177. Has the facility accepted hazardous waste from an off-site source for treatment, storage or disposal without an accompanying manifest or shipping paper? Yes _____ No _____ Was the hazardous waste accepted without the manifest or shipping paper exempt from the manifesting requirement by 35 Ill. Adm. Code 721.105? Yes _____ No _____ NOTE: If the answer to both the above questions is "Yes", check "N/A". If the answer to the first question is "Yes" and the second "No", answer the following questions: Did the owner or operator complete an unmanifested waste report to include the information required in Section 725.176(a) thru (g)? Yes _____ No _____			X	

TSD-E-7

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			<p>Did the owner or operator submit the unmanifested waste report to the Agency within 15 days of receiving the waste?</p> <p>Yes ____ No ____</p> <p>Section 725.177: Additional Reports</p> <p>Has the owner or operator submitted to the Agency, as required, reports concerning:</p>	X			
			a	<p>1) Releases, fires, explosions as specified in Section 725.156?</p> <p>Yes <u>X</u> No ____ N/A ____</p>				
			b	<p>2) Groundwater contamination and monitoring data as specified in Sections 725.193 and 725.194?</p> <p>Yes <u>X</u> No ____ N/A ____</p>				
			c	<p>3) Facility closure as specified in Section 725.215?</p> <p>Yes ____ No ____ N/A <u>X</u></p>				

TSD-E-8

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
CLO	1			PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subparts G and H: Closure, Post-Closure and Financial Requirements	X			
				Section 725.212: Closure Plan a Was the most current facility closure plan available during the inspection? Yes <u>X</u> No <u> </u> Was the closure plan submitted to the Agency within the time frames specified below: <ul style="list-style-type: none"> - At least 180 days prior to the date closure of the first surface impoundment, waste pile, land treatment or landfill unit was (is) expected to begin? Yes <u> </u> No <u> </u> N/A <u>X</u> - At least 180 days prior to the date of final closure of a facility with surface impoundment(s), waste pile(s), land treatment or landfill unit(s)? Yes <u> </u> No <u> </u> N/A <u>X</u> - At least 45 days prior to the date of final closure of a facility with any tank(s), container storage or incinerator unit(s)? Yes <u> </u> No <u> </u> N/A <u>X</u> - At least 60 days prior to the date closure is expected to begin at a facility with a surface impoundment, waste pile, landfill or land treatment unit which also has an approved closure plan? Yes <u>X</u> No <u> </u> N/A <u> </u> 				

TSD-G/H-1

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<ul style="list-style-type: none"> - No later than 15 days after termination of interim status (unless a full operating permit was issued simultaneously)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - No later than 15 days after issuance of a judicial decree or Board Order to cease receiving hazardous waste or close? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> 				
CLO	1			Section 725.218: Post-Closure Plan a Was the most current facility post-closure plan available during the inspection? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Was the post-closure plan submitted to the Agency within the time frames established in this sub-section? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>			
FIN	1			Section 725.242: Cost Estimate for Closure Has the facility prepared a written estimate of the cost of closing the facility? <u>NOTE:</u> If no closure plan, mark "N/A".	<input checked="" type="checkbox"/>			
FIN	1			Section 725.244: Cost Estimate for Post-Closure Care Has the facility prepared a written estimate of the annual cost of post-closure monitoring and maintenance of the facility? <u>NOTE:</u> If no post-closure plan, mark "N/A".	<input checked="" type="checkbox"/>			

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec	Yes		No			
OTH	1	X			PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart I: Use and Management of Container Section 725.271: Condition of Containers Has the owner or operator transferred the hazardous waste in leaking container or containers which are not in good condition or managing the waste in some other way that complies with the requirements of this Part?			X	No drums containing hazardous waste were on site.
OTH	1	X			Section 725.272: Compatibility of Waste with Containers Is the owner or operator using containers made of or lined with materials which will not react with and are otherwise compatible with the hazardous waste to be stored so that the ability of the container to contain the waste is not impaired?			X	
OTH	1	X			Section 725.273: Management of Containers a Are containers of hazardous waste always closed during storage? Yes _____ No _____ b Are containers of hazardous waste being opened, handled or stored in manner which will prevent the rupture of the container or prevent it from leaking? Yes _____ No _____			X	
OTH	2				Section 725.274: Inspections Is the owner or operator inspecting areas where the containers are stored at least weekly, looking for leaks and for deterioration caused by corrosion or other factors? Yes <input checked="" type="checkbox"/> No _____	X			Even though no drums are on site the drum storage area is being inspected

TSD-I-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1	X		<p>NOTE: Any evidence of leakage may be a reason to answer "No" to the above question, even if there are inspection records that indicate that inspections are being done. Review the responses in Section 725.115, General Inspection Requirements, the frequency of inspections, the date of the last inspection, etc. to determine if inspections are actually being done.</p> <p>Section 725.276: Special Requirements for Ignitable or Reactive Wastes</p> <p>Are containers holding ignitable or reactive waste located at least 50 feet from the property line?</p>			X	
				<p>Section 725.277: Special Requirements for Incompatible Wastes</p> <p>Is the owner complying with the requirements concerning the management of incompatible wastes or incompatible wastes and materials contained in this Section?</p>			X	

TSD-I-2

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
					Yes	No		
OTH	1	X		PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart K: Surface Impoundments				<p><i>The surface impoundment is currently going through closure and no new units have been added. A large portion of the sludge from the lagoon has been excavated and disposed at PDC and Allied Corp.</i></p>
				Section 725.321: Design Requirements			X	
				a Has the owner or operator met the requirements for liners and leachate collection systems in accordance with 35 Ill. Adm. Code 724.321(c) for each new unit, or lateral expander of an existing unit, that is within the area identified in the facility Part A permit application? Yes _____ No _____ N/A <u>X</u>				
				NOTE: If "N/A" is checked, provide a detailed explanation of why the site is not subject to the requirements, or why the requirements have been waived by the Agency pursuant to 725.321(c) or (d) and skip to 725.322.				
OTH	1	X		a Did the owner or operator meet the above requirement for waste received after May 8, 1985? Yes _____ No _____				<p><i>Water was in the lagoon from rain and surface runoff.</i></p>
				b Has the owner or operator notified the Agency, in writing, at least 60 days prior to receiving waste? Yes _____ No _____				
				b Did the owner or operator submit a Part B permit application within six months of the Agency's receipt of notification? Yes _____ No _____				
				Section 725.322: General Operating Requirements	X			
				b Does the owner or operator make the claim that a free board of less than two feet may be maintained in the surface impoundment? Yes <u>X</u> No _____				

TSD-K-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
					Yes	No		
			a	<p>Does the surface impoundment have at least two feet of free board? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: If the claim is made that two feet of free board is not necessary and there is less than two feet of free board, complete the following questions:</p>				
			b	<p>Has the owner or operator obtained certification by a qualified engineer that alternate design features or operating plans will, to the best of the engineer's knowledge and opinion, prevent overtopping of the dike? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is the certification along with a written identification of alternate design features or operating plans preventing overtopping available at the facility? Yes <input type="checkbox"/> No <input type="checkbox"/></p>				
OTH	1	X		<p>Section 725.323: Containment</p> <p>Are all earthen dikes covered with grass, shale or rock to minimize wind and water erosion and to preserve their natural integrity?</p>	<input checked="" type="checkbox"/>			
OTH	1			<p>Section 725.325: Waste Analysis and Trial Tests</p>			<input checked="" type="checkbox"/>	
			b	<p>Prior to using a surface impoundment to chemically treat a hazardous waste which is substantially different from waste previously treated in the surface impoundment; or chemically treat hazardous waste with a substantially different process than any previously used in that impoundment, has the owner or operator:</p>				

TSD-K-2

Area	Class	30 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comments
			Sub Sec		Yes	No		
OTH	2			1) Conducted waste analysis or trial treatment tests? Yes ____ No ____ N/A ____ 2) Obtained written, documented information on similar treatment of similar wastes under similar operating conditions to show that this treatment will comply with Section 725.117(b)? Yes ____ No ____ N/A ____				
				Section 725.326: Inspections Is the owner or operator inspecting: a 1) The free board level at least once each operating day to ensure compliance with Section 725.322? Yes <input checked="" type="checkbox"/> No ____ b 2) The surface impoundment, including dikes and vegetation surrounding the dike, at least once a week to detect any leaks, deterioration or failures in the impoundment? Yes <input checked="" type="checkbox"/> No ____ NOTE: Any evidence of leakage may be a reason to answer "No" to the above questions, even if there are inspection records that indicate that inspections are being done. Review the responses in Section 725.115, General Inspection Requirements, the frequency of inspections, the date of the last inspection, etc. to determine if inspections are actually being done.	<input checked="" type="checkbox"/>			

TSD-K-3

Area	Class	90 Day F/U Req	Key Lr Sub Sec	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
					Yes	No		
CLO	1			Section 725.328: Closure and Post-Closure Care NOTE: Determine compliance or non-compliance with this Section only in conjunction with a closure verification inspection conducted after the facility and its independent registered professional engineer have certified closure in accordance with an approved closure plan. Has the owner or operator removed from the impoundment: 1) standing liquids, 2) waste and waste residues, 3) the liner, if any, and 4) underlying and surrounding contaminated soil? Yes ____ No ____ N/A <input checked="" type="checkbox"/> Has the owner or operator demonstrated that, at any stage of removal, the remaining materials in the impoundment are not hazardous wastes per Section 721.103(c) and (d)? Yes ____ No ____ N/A <input checked="" type="checkbox"/> Has the owner or operator closed the impoundment and provided post-closure care as for a landfill under Subpart G and Section 725.410? Yes ____ No ____ N/A <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
OTH	1			Section 725.329: Special Requirements for Ignitable or Reactive Wastes c Is the impoundment used solely for emergencies? Yes ____ No ____ NOTE: If the answer to this question is "No", complete the rest of this Section.			<input checked="" type="checkbox"/>	

TSD-K-4

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
			a	<p>Have ignitable or reactive wastes been treated, rendered or mixed before or immediately after placement in the impoundment, so that:</p> <p>1) The resulting waste, mixture or dissolution of material no longer meets the definition of ignitable or reactive waste under Section 721.121 or 721.123? Yes ____ No ____ N/A ____</p> <p>2) Section 725.117(b) is complied with? Yes ____ No ____ N/A ____</p> <p>OR</p> <p>b1 Is the waste managed in such a way that it is protected from any material or condition which may cause it to ignite or react? Yes ____ No ____ N/A ____</p> <p>AND</p> <p>b2 Has the owner or operator obtained a certification from a qualified chemist or engineer that, to the best of the chemist's or engineer's knowledge and opinion, the design features or operating plans of the facility will prevent ignition or reaction? Yes ____ No ____ N/A ____</p> <p>AND</p> <p>b3 Is the chemist's or engineer's certification and the basis for it maintained at the facility? Yes ____ No ____ N/A ____</p> <p>NOTE: If the answer to any of the previous three questions is "No", the facility is not in compliance.</p>				

TSD-K-5

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Seq		Yes	No		
OTH	1			<p>Section 725.330: Special Requirements for Incompatible Waste</p> <p>Is the owner or operator complying with the requirements concerning the management of incompatible wastes or incompatible wastes and materials contained in this Section?</p>			X	

TSD-K-6

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment
					Yes	No		
OTH	1	X		<p>PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart I: Waste Piles</p> <p>Section 725.351: Protection from Wind</p> <p>Is the waste pile subject to dispersal by the wind? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: If the answer is "Yes", complete the rest of this section. If "No", then check "N/A" and describe why the pile is not subject to wind dispersal in the Remarks.</p> <p>Is the owner or operator:</p> <p>1) Covering the pile to control dispersal? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>OR</p> <p>2) Managing the pile by some other means to control dispersal? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>NOTE: If the answer to 2 is "Yes", explain in detail the "other means" being used to control dispersal.</p>	X			
OTH	1		al	<p>Section 725.352: Waste Analysis</p> <p>Are the only wastes the facility receives which are amenable to piling compatible with each other? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	X			<p>The waste pile is stored in a building specifically constructed to accomodate the waste pile, and drum storage.</p>

TSD-L-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1	X	a2	<p>Is the waste received compatible with the waste in the pile to which it will be added? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: If the answer to either or both of the above questions is "No", complete the rest of this Section.</p>				
			a	<p>Does the owner or operator take a representative sample of each incoming movement and analyze it prior to adding the waste to any existing pile? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>b Does the analysis conducted include the visual comparison of color and texture? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Is the analysis conducted capable of differentiating between the types of hazardous waste the owner or operator places in the pile so that the mixing of incompatible wastes does not occur? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>				
				Section 725.353: Containment				
				<p>Is the leachate or runoff from the waste pile a hazardous waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>NOTE: If the answer is "Yes", complete the rest of this Section. If the answer is "No", check "N/A" and explain why the leachate or runoff is not hazardous waste in the Remarks. If a hazardous waste determination has not been made for leachate runoff from a characteristically hazardous waste pile, 722.111 must be cited.</p>				

TSD-L-2

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comments
			Sub Sec		Yes	No		
				Has the owner or operator:				
			a1	1) Placed the pile on impermeable base that is compatible with the waste under the conditions of treatment or storage? Yes <u>X</u> No <u> </u>				
			a2	2) Designed, constructed and is operating and maintaining a run-on control system capable of preventing flow onto the active portions of the pile during peak discharges from at least a 25 year storm? Yes <u> </u> No <u> </u> <u>N/A</u> <u>X</u>				
			a3	3) Designed, constructed and is operating and monitoring a runoff management system to collect and control at least the water volume resulting from a 24 hour 25 year storm? Yes <u> </u> No <u> </u> <u>N/A</u> <u>X</u>				
			a4	4) Emptied or otherwise expeditiously managed the collection and holding facilities associated with run-on and runoff control to maintain design capacity of the system? Yes <u> </u> No <u> </u> <u>N/A</u> <u>X</u>				
				OR				
			b1	Is the pile protected from precipitation and run-on by some other means? Yes <u>X</u> No <u> </u>				
				AND				
			b2	Have liquids and wastes containing free liquids been placed in the pile? Yes <u> </u> No <u>X</u>				
								The waste pile is housed in a building

TSD-L-3

Area	Class	90 Day F/U Req	Key / Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			Section 725.354: Design Requirements Has the owner or operator met the requirements for liners and leachate collection systems or equivalent protection provided in 35 Ill. Adm. Code 724.351 for each new unit, replacement of an existing unit, or lateral expansion of an existing unit that is within the area identified in the facility Part A permit application? Yes ____ No ____ Did the owner or operator meet the above requirements for waste received after May 8, 1985? Yes ____ No ____			X	
OTH	1			Section 725.356: Special Requirements for Ignitable or Reactive Waste Has the addition of ignitable or reactive waste to the pile been such that: a1 1) The resulting waste or mixture no longer meets the definition of ignitable or reactive waste under Section 721.121 or 721.123? Yes ____ No ____ N/A ____ a2 2) Section 725.117(b) is complied with? Yes ____ No ____ N/A ____ OR b Is the waste managed in such a way that it is protected from any conditions or materials which may cause it to ignite or react? Yes ____ No ____			X	

TSD-L-4

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comments
			Sub Sec		Yes	No		
OTH	1			Section 725.357: Special Requirements for Incompatible Wastes Is the owner or operator complying with the requirements concerning the management of incompatible waste or incompatible waste and materials contained in this Section?			X	
CLO	1			Section 725.358: Closure and Post-Closure Care NOTE: Determine compliance or non-compliance with this Section only in conjunction with a closure verification inspection conducted after the facility and its independent registered professional engineer have certified closure in accordance with an approved closure plan. a Has the owner or operator removed or decontaminated all waste residues, contaminated containment system components, contaminated subsoils and structures and equipment contaminated with waste and leachate? Yes ___ No ___ N/A <u>X</u> a Have the materials which have been removed been managed as hazardous waste unless Section 721.103(d) applies? Yes ___ No ___ N/A <u>X</u> b Has the owner or operator found that all contaminated subsoils can be practically removed or decontaminated (after making all reasonable efforts to remove or decontaminate them)? Yes ___ No ___ NOTE: If the answer to the above question is "No", complete the following question. b Did the owner or operator close the facility and is he performing post-closure care in accordance with the closure requirements that apply to landfills? Yes ___ No ___			X	

TSD-L-5

DATE: March 31, 1988
TIME: 11:05 a.m.
I.D. 1190400006

Madison County

Granite City/Reilly Tar

PHOTOGRAPH TAKEN TOWARD THE:
North, Northeast

ROLL# 822 PHOTO# 3

PHOTOGRAPH BY:
Michael D. [Signature]



DATE: March 31, 1988
TIME: 11:11 a.m.
I.D. 1190400006

Madison County

Granite City/Reilly Tar /

PHOTOGRAPH TAKEN TOWARD THE:
Southeast

ROLL# 822 PHOTO# 6

PHOTOGRAPH BY:
Michael D. [Signature]



RECEIVED
APR 07 1989
LEWISTON

DATE: March 31, 1988

TIME: 11:10 a.m.

I.D. 1190400006

Madison County

Granite City/Reilly Tar

PHOTOGRAPH TAKEN TOWARD THE:

North, Northeast

ROLL# 822 PHOTO# 4

PHOTOGRAPH BY:

Michael J. Reilly

DATE: March 31, 1988

TIME: 11:10 a.m.

I.D. 1190400006

Madison County

Granite City/Reilly Tar

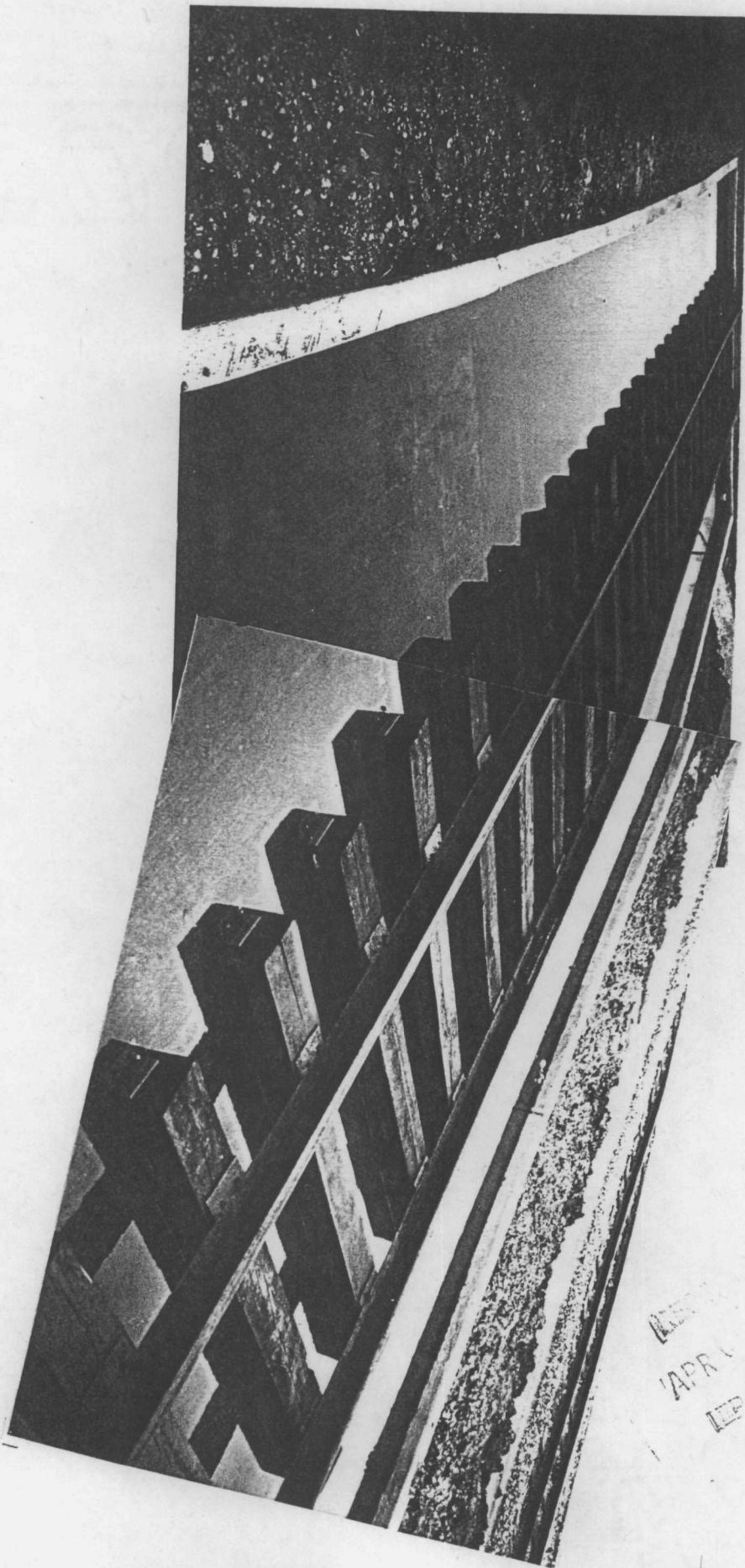
PHOTOGRAPH TAKEN TOWARD THE:

Northeast

ROLL# 822 PHOTO# 5

PHOTOGRAPH BY:

Michael J. Reilly



APR 1 1988
LEAD-DFC

DATE: March 31, 1988

TIME: 11:15 a.m.

I.D. 1190400006

Madison County

Granite City/Reilly Tar

PHOTOGRAPH TAKEN TOWARD THE:

Southwest

ROLL# 822 PHOTO# 7

PHOTOGRAPH BY:

Michael D. [Signature]

DATE: March 31, 1988

TIME: 11:15 a.m.

I.D. 1190400006

Madison County

Granite City/Reilly Tar

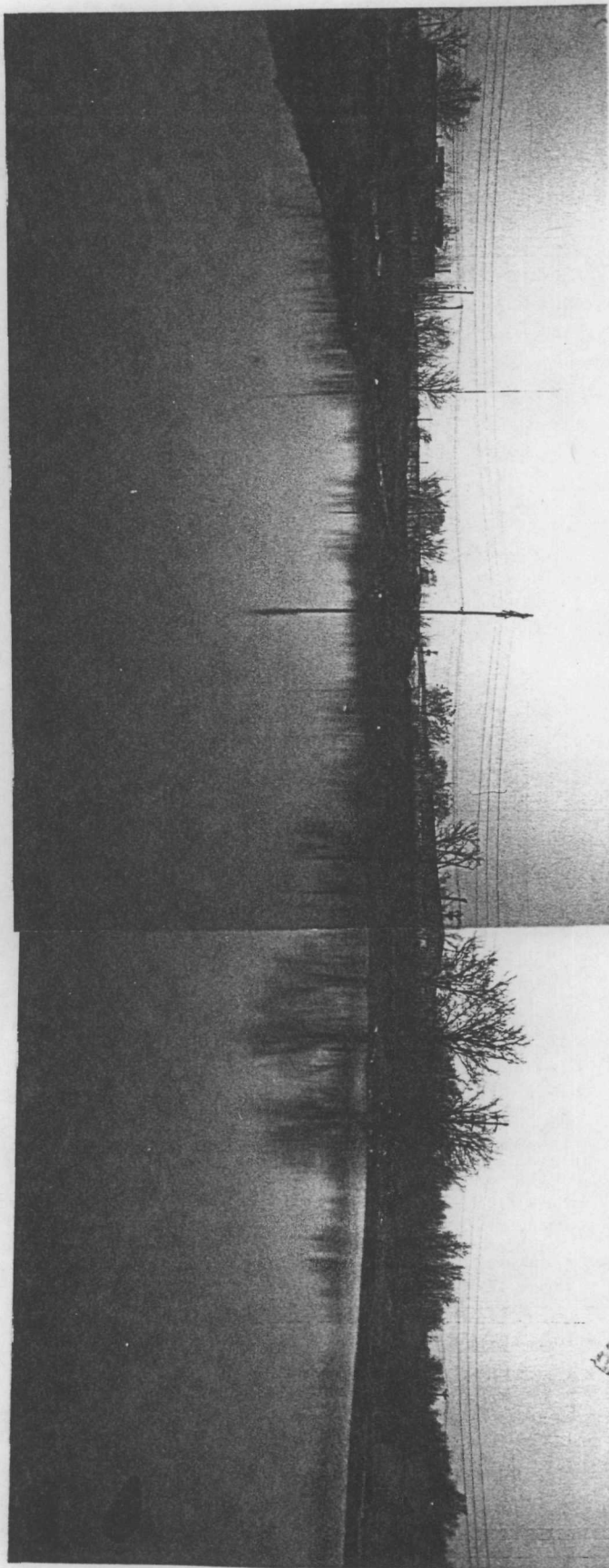
PHOTOGRAPH TAKEN TOWARD THE:

West, Southwest

ROLL# 822 PHOTO# 8

PHOTOGRAPH BY:

Michael D. [Signature]



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Madison County

Granite City/Reilly Tar

PHOTOGRAPH TAKEN TOWARD THE:

Southwest

ROLL# 822 PHOTO# 9

PHOTOGRAPH BY:

W. D. D.

DATE: March 31, 1988

TIME: 11:17 a.m.

I.D. 1190400006

Madison County

Granite City/Reilly Tar

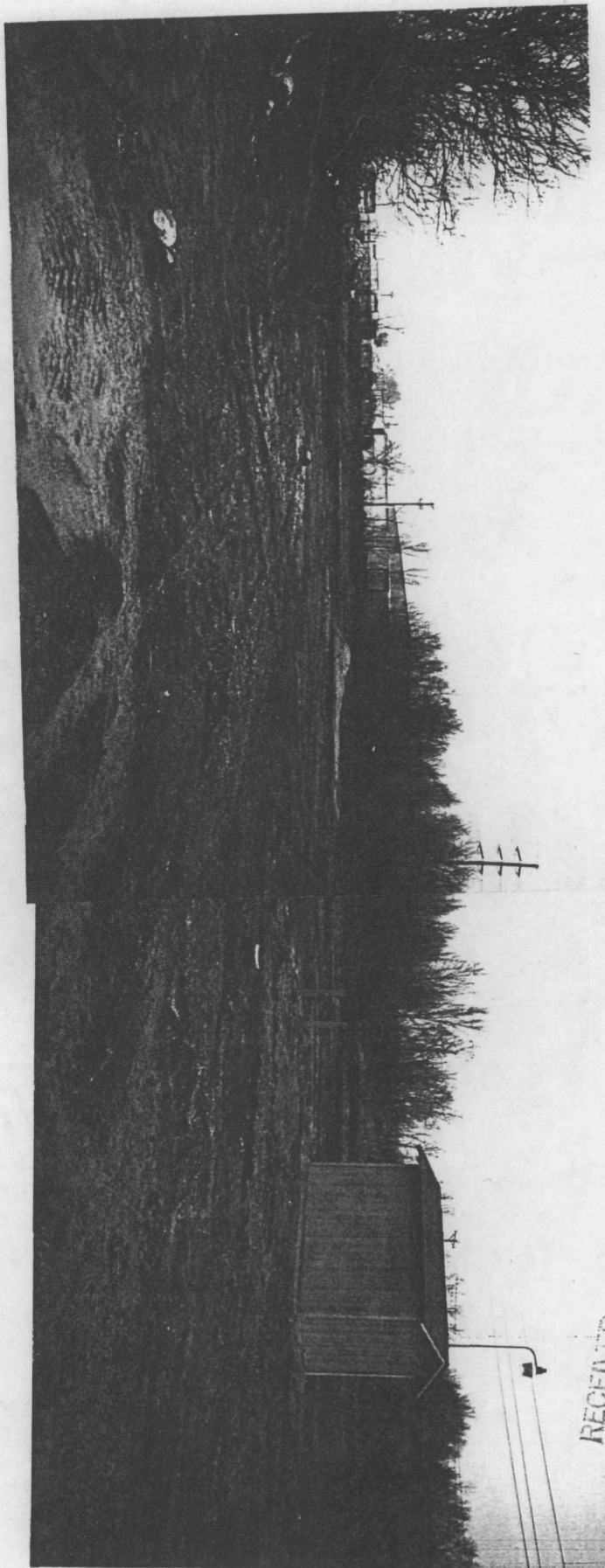
PHOTOGRAPH TAKEN TOWARD THE:

West

ROLL# 822 PHOTO# 10

PHOTOGRAPH BY:

W. D. D.



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Madison County

Granite City/Reilly Tar

PHOTOGRAPH TAKEN TOWARD THE:

West, Southwest

ROLL# 822 PHOTO# 11

PHOTOGRAPH BY:

Will O. 205

DATE: March 31, 1988

TIME: 11:19 a.m.

I.D. 1190400006

Madison County

Granite City/Reilly Tar

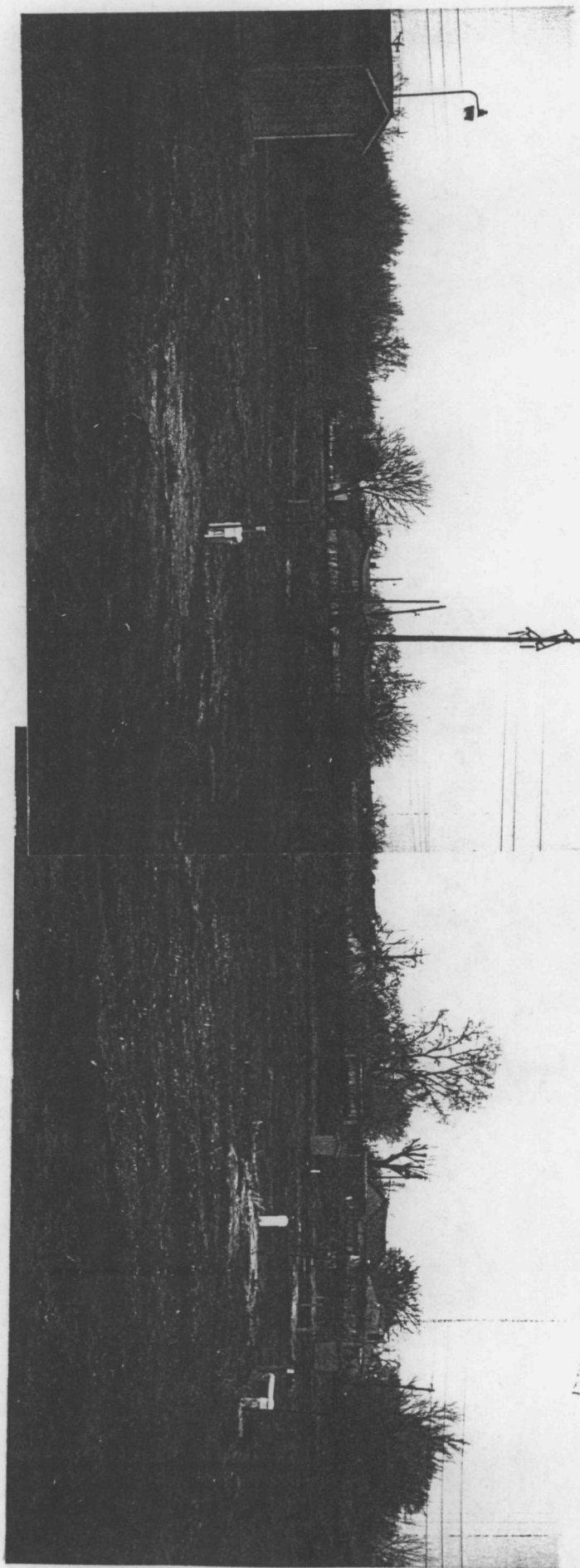
PHOTOGRAPH TAKEN TOWARD THE:

Northwest

ROLL# 822 PHOTO# 12

PHOTOGRAPH BY:

Will O. 205



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